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IDENTIFIERS	*Committee on Allied Health Education Accreditation

ABSTRAC

In winter 1981-82, the Committee on Allied Health Education and Accreditation (CAHEA) conducted a survey to ascertain current perspectives regarding allied health education and employment. A ten-item survey instrument was mailed to all 3,007 directors of CAHEA-accredited programs, representing 19 occupational areas. Study findings, based on responses from 2,530 directors, included the following: (1) 57% of the respondents indicated that the number of students entering their program was stable; (2) similarly, 64% considered the number of program graduates to be stable; (3) 65% of the respondents viewed the number of programs in their field as increasing or holding steady; (4) 67% felt that the occupation for which they trained students was undersupplied; (5) 57% of the sample did not believe it was rare for program graduates to move into another field; (6) a majority of respondents viewed the job market as offering graduates appropriate income (52%), appropriate responsibilities (82%), and attractive opportunities (67%); (7) 77% of the program directors obtained informal feedback on program graduates; and (8) among the main trends in allied health education identified by the respondents were recruitment difficulties, curriculum expansion to include the application of new technologies, the undersupply of graduates, budget constraints, and the need for increased professional recognition and higher salaries. (HB)

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PERSPECTIVES REGARDING ALLIED HEALTH EDUCATION & OCCUPATIONS

As Reported by Directors of CAHEA-Accredited Programs

Department of Allied Health Education and Accreditation, AMA

January 25, 1982

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PERSPECTIVES REGARDING ALLIED HEALTH EDUCATION & OCCUPATIONS

AS REPORTED BY DIRECTORS OF CAHEA-ACCREDITED PROGRAMS

Department of Allied Health Education and Accreditation, AMA, January 25, 1982

PURPOSE In July 1981 the Committee on Allied Health Education and Accreditation (CAHEA), seeking to develop some current perspectives regarding allied health education and the occupations into which graduates enter, requested that a brief survey be carried out.

METHOD Staff of AMA's Department of Allied Health Education and Accreditation (DAHEA) prepared a ten question survey form designed to report the desired information. The target population for responses was that of the Directors of CAHEA-accredited programs, 3007 in all. For efficiency in contact and response, the survey accompanied the required (October) 1981 Annual Report, a form mailed each year to program directors for the purpose of maintaining current information on program status. The completed survey form, while not mandatory, was returned to the AMA with the Annual Report in large numbers.

SCOPE For inclusion in the study a cut-off date of December 8, 1981 was set so that findings could be presented to CAHEA on January 8, 1982, and prepared for the March 1982 Newsletter. The national sample in hand on December 8 consisted of 2,530 completed forms representing 84 per cent of the accredited programs. By January 25, 1982 the return was increased by 6 per cent. As anticipated, these late returns did not alter the response data in the 84 per cent sample; therefore, this report is based on that sample. The report spans nineteen occupations as shown in Table I. but does not represent the following for reasons given. New areas of few or initial accreditations: Emergency Medical Technician-Paramedic; Medical Assistant in Pediatrics; Ophthalmic Medical Assistant; Surgeon's Assistant. New areas without accreditation at time of study: Perfusionist; Sonographer. Inactive education programs: EEG Technician.

Table I. presents judgments as percentage composites for survey questions 1 through 6, for the nineteen education areas. Percentages are presented due to the widely varying numbers of accredited programs in these areas, however, the percentage of response for each area was well over 50 per cent of the area's accredited programs.

DISCUSSION: FULL SAMPLE, Q's 1 through 6. For Question 1, 57 per cent of respondents indicated that the number of students entering their program was stable, 20 per cent noted an increase and 15 per cent a decrease. Taken by itself, the number of program directors, 466, who report a decreasing number of incoming students may be of only modest concern. However, in combination with responses to question 3, 4, 5, and 6, this perceived decline may be of increased interest.

Question 2 relates to Question 1 in that its responses should approximate the same magnitude, and this is the case. Also, it implies a 12 per cent rate of attrition overall.

In Question 3 the form asks program directors about their perceptions of fluctuations in the number of programs in their field, with the expectation that "don't know" would be selected often and, at 16 per cent, this is the case. Considering long standing impressions of allied health education as stable or growing,

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it was less anticipated that only 43 per cent of respondents would choose that response. Perceptions regarding activity in either the development of new programs or the cessation of old programs (the combination of a) and b) in Question 3, at 42 per cent) appears to approach the "steady state" perception at 43 per cent.

In response to Question 4, 67 per cent of the sample reported the perception that the occupations for which they train are undersupplied. Only a negligible 3 per cent reported an oversupply, likely a response to unusual local conditions in a few occupations. Finally, only 759 program directors, or 30 per cent, perceived that the number of graduates and the number of job openings are in balance.

Question 5 asks program directors for their perceptions regarding the movement of graduates into other fields. Combining parts b) and c), 57 per cent of the sample do not believe that going into another field is rare.

With responses to Questions 1 through 5 in mind, responses to Question 6 appear to reflect interesting concerns for allied health education and employment. In 6a), only 52 per cent of the program directors feel that the initial income of their graduates is appropriate, while 41 per cent believe that it is not appropriate. This appears to be a clearly understood issue since only 7 per cent felt that they were "not sure."

Six b) inquired about the appropriateness of the responsibilities in the occupation for their graduates. A much larger number, 82 per cent, perceived appropriate responsibilities in the job in contrast to 14 per cent with a negative view. A negligible few, 4 per cent, were "not sure."

Question 6 c) invited perceptions of the attractiveness of the job market opportunity. Sixty-seven per cent reported a positive view but 20 per cent recorded a negative stand. The number "not sure" was small but sharply up from 6 b). The program directors appear to be saying that the potential attractiveness of job responsibilities is reduced by the income situation (but note the several distinct exceptions in Table I.).

Another way of considering the aggregate attitudinal responses to question 6 a), b), and c) is to obtain a total of all "votes" for the three parts then divide this sum into each subtotal: for all yes's, for all no's and for all not sure's. The result infers an "attitudinal pattern" of program directors with respect to overall job market attractiveness. The positive pattern of yes's is lowered to 57 per cent of the choices. The negative pattern of no's is increased to 34 per cent. The tentative attitude of not sure's is 9 per cent. Combining no and not sure results, 43 per cent of program directors appear not to share a positive stand on this issue. (This alternative view is not displayed in Table I.).

For questions 1 through 6, a majority of the 2,530 program directors perceive a pattern of characteristics for much of allied health education and early employment. They believe that there is an undersupply of graduates. They perceive at least modest fluctuation in the rate at which students are selecting allied health education, the rate at which students are completing such programs, and in the number of such programs that are starting up and dropping out. They believe that the movement of graduates into other occupations or training is not rare. There is concern regarding income in many allied health occupations as against the responsibilities which graduates will assume in their jobs. With this apparent dilemma, attitudes regarding education and employment may be undergoing change.

TABLE I. SUMMARY BY EDUCATION AREA/OCCUPATION

Questions 1. through 6 By Per Cent Response

No. of Respondents	50	13	44	124	134	66	48	70	573	112	43	32	43	71	660	174	148	51	71	N=2,530	
Education Area/ Occupation * / Survey Questions	CYTO	EEG-T	HISTO	MA	MLT-AD	MLT-C	MRA	MRT	MT	NMT	OT	PT	PA	RAD-TT	RAD	RES-T	RES-TT	SBT	ST	RANGE	MEAN
1. Number of Students entering your program is:																					
a) Stable	.62	.23	.88	.41	.60	.68	.27	.49	.55	.55	.56	.84	.82	.55	.65	.46	.54	.56	.65	.23 - .84	.57
b) Increasing	.04	.31	.07	.36	.12	.10	.36	.32	.05	.23	.23	.16	.09	.25	.15	.30	.34	.06	.31	.04 - .36	.20
c) Decreasing	.20	.23	.05	.11	.22	.12	.29	.14	.34	.15	.14	.00	.07	.06	.16	.18	.07	.24	.04	.00 - .34	.15
d) Unpredictable	.14	.23	.00	.12	.06	.10	.08	.05	.06	.07	.07	.00	.02	.14	.04	.06	.05	.14	.00	.00 - .23	.08
2. Number of Graduates from your program is:																					
a) Stable	.62	.54	.84	.46	.64	.68	.42	.61	.68	.65	.65	.80	.83	.59	.70	.51	.54	.73	.70	.42 - .84	.64
b) Increasing	.06	.23	.06	.31	.05	.08	.33	.20	.06	.18	.19	.16	.12	.25	.13	.26	.37	.04	.20	.04 - .37	.17
c) Decreasing	.18	.08	.08	.17	.20	.13	.19	.14	.22	.13	.09	.00	.05	.07	.14	.16	.02	.17	.04	.00 - .19	.12
d) Uncertain	.14	.15	.02	.06	.11	.11	.06	.05	.04	.04	.07	.04	.00	.09	.03	.07	.07	.06	.06	.00 - .15	.07
3. Number of Programs is, in Net,																					
a) Increasing	.06	.15	.25	.29	.14	.11	.23	.27	.03	.19	.43	.40	.07	.31	.07	.24	.27	.35	.22	.03 - .43	.22
b) Decreasing	.64	.08	.07	.06	.14	.41	.26	.17	.52	.13	.09	.00	.19	.10	.30	.15	.14	.30	.04	.00 - .64	.20
c) Holding Steady	.26	.54	.64	.49	.53	.15	.32	.28	.33	.40	.39	.60	.65	.38	.48	.45	.45	.31	.56	.15 - .65	.43
d) Don't Know	.04	.23	.04	.16	.19	.33	.19	.28	.12	.28	.09	.00	.09	.21	.15	.16	.14	.04	.18	.00 - .28	.15
4. Occupation Trained for is:																					
a) Undersupplied	.61	.00	.75	.43	.51	.49	.51	.56	.60	.83	.96	.96	.49	.97	.44	.97	.87	.47	.32	.43 -1.00	.67
b) Oversupplied	.07	.00	.00	.06	.02	.04	.04	.04	.04	.00	.00	.00	.00	.00	.07	.01	.00	.10	.04	.00 - .10	.03
c) In Balance with Grads.	.32	.00	.25	.51	.47	.47	.45	.40	.36	.17	.04	.04	.51	.03	.49	.02	.13	.43	.64	.00 - .64	.30
5. Graduates going into other fields:																					
a) Rarely	.36	.54	.60	.30	.41	.57	.49	.61	.18	.38	.65	.40	.55	.52	.29	.33	.46	.47	.17	.17 - .65	.44
b) Occasionally	.58	.38	.36	.58	.43	.40	.44	.35	.43	.47	.35	.60	.45	.47	.54	.57	.54	.41	.72	.35 - .72	.48
c) Increasingly	.06	.08	.04	.12	.16	.03	.07	.04	.39	.15	.00	.00	.00	.01	.17	.10	.00	.12	.11	.00 - .17	.09
6. Job Market Offers Graduates:																					
a) Appropriate Income — YES	.54	.69	.40	.21	.39	.49	.90	.55	.25	.61	.54	.64	.84	.69	.35	.58	.62	.25	.34	.21 - .90	.52
NO	.34	.31	.46	.75	.57	.42	.08	.42	.69	.31	.46	.24	.09	.25	.61	.36	.30	.67	.53	.08 - .75	.41
NOT SURE	.12	.00	.14	.04	.04	.09	.02	.03	.06	.06	.00	.12	.07	.06	.04	.06	.08	.08	.13	.00 - .13	.07
b) Appropriate Responsibilities: — YES	.80	.92	.86	.91	.80	.81	.85	.85	.56	.96	.93	.55	.88	.93	.76	.67	.74	.88	.86	.55 - .96	.82
NO	.08	.08	.12	.06	.17	.11	.13	.11	.39	.01	.05	.37	.05	.06	.19	.26	.21	.10	.10	.01 - .37	.14
NOT SURE	.12	.00	.02	.03	.03	.08	.02	.04	.05	.03	.02	.08	.07	.01	.05	.07	.05	.02	.04	.00 - .08	.04
c) Attractive Opportunity — YES	.44	.70	.61	.57	.43	.51	.86	.84	.35	.74	.86	.89	.93	.78	.60	.71	.83	.50	.59	.35 - .89	.67
NO	.28	.15	.23	.26	.36	.33	.06	.09	.45	.13	.11	.00	.02	.15	.28	.20	.12	.28	.24	.00 - .45	.20
NOT SURE	.28	.15	.16	.17	.21	.16	.08	.07	.20	.13	.03	.11	.05	.07	.12	.09	.05	.22	.17	.03 - .28	.13

* For a complete list of titles for occupations see Table II

However, the reader is cautioned to return attention to Table I for the specific variations in these "general characteristics" for each occupation.

DISCUSSION: FULL SAMPLE, Q's 7 through 10. Question 7 inquired about the means by which program directors keep track of what happens to their graduates. Seventy-seven per cent of the sample reported that they do obtain informal feedback information. Many forms of such feedback were listed by them on the questionnaire, the three most frequent being: personal contact, letters to graduates periodically, and professional meetings. Fifty-eight per cent of the sample reported that they used a system to obtain information regarding their graduates, the three most frequently reported being: annual survey/questionnaire sent to graduates, evaluation questionnaire sent to employers, and information via Placement Directors/Counselors. Many other types of systems were reported. The purpose for questions 7 and 8 was to get some sense of the extent to which program directors are aware of what happens to their graduates as a basis for relative confidence regarding their perceptions in response to Questions 3, 4, 5, 6, 9 and 10. It is clear that this sample reported widespread use of systematic techniques for determining what happens to graduates (but variation in the technique is large).

TABLE II. PROGRAM DIRECTOR'S ESTIMATES OF ENTRY SALARIES OF GRADUATES

OCCUPATION	RANGE	MEAN
Assistant to the Primary Care Physician	$13,500 to $25,000	$19,250
Cytotechnologist	$10,000 to $18,000	$13,479
Electroencepahlographic Technologist	$10,500 to $16,800	$12,454
Emergency Medical Technician-Paramedic	$12,000 to $18,000	$15,000
Histologic Technician	$ 9,600 to $16,500	$12,029
Medical Assistant	$ 6,000 to $15,600	$ 9,162
Medical Laboratory Technician (Associate Degree)	$ 9,400 to $17,700	$12,051
Medical Laboratory Technician (Certificate)	$ 9,400 to $15,600	$11,300
Medical Record Administrator	$13,000 to $22,000	$14,177
Medical Record Technician	$ 8,600 to $16,000	$10,462
Medical Technologist	$10,000 to $24,300	$15,439
Nuclear Medicine Technologist	$12,000 to $22,200	$15,799
Occupational Therapist	$12,500 to $22,200	$15,426
Ophthalmic Medical Assistant	$10,500 to $20,000	$16,125
Physical Therapist	$13,500 to $20,500	$17,000
Radiation Therapy Technologist	$13,500 to $22,200	$16,300
Radiographer	$ 8,400 to $19,000	$13,100
Respiratory Therapist	$ 7,800 to $23,500	$15,650
Respiratory Therapy Technician	$ 8,700 to $16,600	$12,670
Specialist in Blood Bank Technology	$16,600 to $23,000	$18,460
Surgeon's Assistant	$17,200 to $18,850	$18,175
Surgical Technologist	$ 7,600 to $14,000	$10,796
Mean of Ranges: $10,647 to $18,702	Overall Mean:	$14,287

Table II. provides the estimated information generated by Question 9 regarding the average starting salary for graduates. Table II. lists occupations in alaphabetical order and displays the range of estimates followed by the mean. Sufficient data were available to add certain occupations: the EMT-Paramedic, the Ophthalmic Medical Assistant, and the Surgeon's Assistant. The means of ranges and overall mean appear at the bottom of Table II.

In item 10 respondents were asked, "if there is a current important trend in allied health education or employment in your program field, please state it." The following responses to item 10 are representative of the broad range of observations offered by the program directors. While these observations appear to be widely held, all do not apply to each education/occupation area.

- Some decline in enrollment
- Difficulty in recruiting students
- Potential student candidates need more information on allied health
- Concern regarding budget tightening
- Shortages of qualified educators
- Emergence of non-traditional education
- Expanding curricula (such as:)
    - Computer techniques
    - New technologies
    - Sub-specialization topics
    - Preparation for an expanding variety of job settings
- Competency based curricula
- Lengthening curricula
- Broader education terminating with a degree
- Some emphasis on the master's degree
- Growing importance of credentials (e.g., for hospital employment)
- Shortage of "certified technologists"
- Undersupply of graduates
- Expanding or changing roles of practitioners
- Expanding variety of non-traditional job settings
- Need for more professional recognition

- Need for higher salaries
- Increased scope of technical responsibilities on the job
- Increasing specializations within practices

SUMMARY Beyond responding to CAHEA's request for a brief survey of perspectives regarding allied health education and employment, it is hoped that a wider reporting of the perspectives obtained may be of use to others. This report may serve as a means of forming hypotheses for specific study. It may also serve as an independent source of comparative information for other studies.

Because this survey sought estimates, perspectives and judgments, its numerical outcomes must be viewed in their context, as reported. They are not intended as factual or precise, but rather attitudinal. None bear validation by separate study. Most particularly, salary estimates obtained should be independently determined.

Due to the large sample size and its national scope, these survey results may be taken as indicative of the perspectives of program directors regarding the questions to which they responded.

CORRECTED MATERIAL

N.B. A corrected table of salaries is presented below. This table replaces Table II as presented in the article "Perspectives Regarding Allied Health Education & Occupations" as it appears on page 6, Vol 13 No 3, March 1982 *Allied Health Education Newsletter*.

TABLE II. PROGRAM DIRECTOR'S ESTIMATES OF ENTRY SALARIES OF GRADUATES

OCCUPATION	RANGE	MEAN
Assistant to the Primary Care Physician	$13,500 to $25,000	$19,250
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Histologic Technician	$ 9,600 to $16,500	$12,029
Medical Assistant	$ 6,000 to $15,600	$ 9,162
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Respiratory Therapy Technician	$ 8,700 to $16,600	$12,670
Specialist in Blood Bank Technology	$16,600 to $23,000	$18,460
Surgeon's Assistant	* $17,500 to $25,000	* $20,450
Surgical Technologist	$ 7,600 to $14,000	$10,796
* Mean of Ranges: $10,936 to $19,714		* Overall Mean: $14,572

* Indicates the corrections to the table as presented in the March issue of the *Newsletter*, Vol 13 No 3.

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